



Domino effect: Each violent death in turn affects additional individuals and results in multiple economic losses.



New resource: *The Burden of Suicide in Wisconsin*

New report provides in-depth information on suicide and suicidal behavior in Wisconsin

The Injury and Violence Prevention Program at the Wisconsin Department of Health Services, the Injury Research Center at Medical College of Wisconsin, and Mental Health America of Wisconsin are pleased to announce a new resource for those interested in suicide prevention and research. *The Burden of Suicide in Wisconsin* was released during the Dane County Suicide Prevention Summit in

September 2008 with the county-specific supplements completed in December 2008.

This report provides data from multiple sources, including the Wisconsin Violent Death Reporting System (2003-06), Violent Death Reporting System (2001-03), and Wisconsin inpatient hospitalizations and emergency department visits. Additionally, prevention strategies are included to guide communities and organizations in identifying intervention options.

To obtain a copy of this report and county-level supplements,

please contact Brianna Kopp via email: brianna.kopp@wisconsin.gov.

For key findings from this report, please see page 3 of this Update.

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Wisconsin violent deaths, 2006

Last year, we reported that homicides increased over 40% from 2004 to 2005. Fortunately, this was a one year increase. Homicides decreased in 2006 and were more consistent with the number of deaths from 2004. Additionally, deaths categorized as other (unintentional firearm, legal intervention, and deaths of undetermined intent) decreased 25% from 2005; suicides remained stable (Table 1).

TABLE 1. Counts and rates (per 100,000) of violent deaths in Wisconsin, 2006.

	Suicide		Homicide		Other	
	N	Rate	N	Rate	N	Rate
Male	523	18.8	136	4.9	45	1.6
Female	137	4.9	56	2.0	23	0.8
Total	660	11.8	192	3.4	68	1.2
% change from 2005	+0.5%	+ .9%	-17%	-19%	-20%	-20%

Preliminary data, 2007-2008

One goal of the WVDRS staff is to provide data on violent deaths in a more timely manner so that patterns in violent death may be identified sooner. Suicides increased 9% from 2006 to 2007 (Table 2). Based on partial year 2008 data, this appears to be a one year increase; however, we will provide more detail as additional 2008 data are gathered.

TABLE 2. Counts and rates (per 100,000) of violent deaths in Wisconsin, 2006-2008.

	Suicide		Homicide		Other	
	N	Rate	N	Rate	N	Rate
2005	657	11.7	232	4.2	85	1.5
2006	660	11.8	192	3.4	68	1.2
2007*	722	12.8	194	3.4	90	1.6
2008*, †	565	NA	130	NA	54	NA

*Represents preliminary data. † Includes deaths through October 2008; based on patterns from first 10 months of 2008, we anticipate approximately 678 suicides, 156 homicides, and 65 other deaths. Rates are not calculated due to incomplete year data.

Suicides increase in 2007

Injury and violence experts, mental health professionals, and suicide advocacy groups have expressed concern over the increase in suicides in 2007. The rate in 2007 was the highest since 1990.

Who did this increase affect?

There were 62 more suicides in 2007 than in 2006. Over half of the increase occurred in the 15-24 year old age group. The remaining increase was spread primarily across ages 45-64 and 75-84. Deaths in those ages 35-44 decreased by 15%.

What caused the increase?

The WVDRS describes circumstances associated with suicides. Using these data, we have found that more victims were cited as having a crisis in the two weeks prior to their death than in previous years. Other common circumstances, such as mental illness, intimate partner problem, physical health problem, and financial problem remained consistent. We will be conducting further analysis to identify potential causes for the increase.

Multi-state report released

Seventeen states collaborate on report

The 17 states that receive CDC funding for the National Violent Death Reporting System recently published the report, *Deaths from Violence: A Look at 17 States-Data from the National Violent Death Reporting System, 2004-2005*.

The report provides data on violent deaths in each state in a standardized format so that comparisons may be made across states. It also strives to showcase the benefit that the National Violent Death Reporting System provides to improving prevention efforts. For a copy of the report, please visit www.stipda.org/associations/5805/files/NVDRS%20Report.pdf.

Research update

Summer students provide valuable perspective and support to research efforts.

During summer 2008, two medical students conducted analysis on data from the Wisconsin Violent Death Reporting System and the Violent Injury Reporting System.

Brian Roach is a second year medical student at the University of Wisconsin School of Medicine and Public Health (UWSMPH). He primarily worked in Madison with the Injury and Violence Prevention Program, with weekly trips to Milwaukee to attend seminars at the Injury Research Center at the Medical College of Wisconsin (IRC) through their summer research program. Brian's research project focused on violent deaths in children and youth in Wisconsin. He recently presented his findings at the medical student research forum hosted by the UWSMPH and is preparing a manuscript for submission to the Wisconsin Medical Journal (WMJ).

Brendan Wanta is a second year medical student at the Medical College of Wisconsin and also participated in the summer research program at the IRC. His research project focused on suicide in older adults. Brendan has submitted a manuscript to WMJ and hopes to see his article published in an upcoming issue. Additionally, he presented his findings during the MCW summer student research forum.

Both students contributed greatly to our research capacity. It is essential that violent death data are not only collected but utilized to advance understanding of these deaths and identify ways to prevent them in the future. We would like to extend a big thank you to the Wisconsin Medical Society for providing scholarships to both students to conduct this work.

Key findings of the report, *The Burden of Suicide in Wisconsin*

Analysis on data from 2001-2006 concluded that:

- The suicide rate in Wisconsin remained relatively constant from 2001-2006, with an average of 650 suicides per year. These deaths resulted in an average of 20,000 years of potential life lost each year.
- The greatest number of suicides occurred in individuals aged 35-54, while the greatest number of hospitalizations and emergency department visits for self-inflicted injuries occurred in younger individuals, aged 15-24.
- The cost of inpatient hospitalizations and emergency department visits due to self-inflicted injury was over \$64 million in 2006 alone.
- Veterans accounted for one out of every five suicides in Wisconsin.
- American Indian/Alaskan Native groups had the highest rate of suicide followed by Whites, Blacks, Asian/Pacific Islanders and Hispanics.
- Firearms were the most frequently used method of suicide in Wisconsin.
- Of those with known mental health circumstances, 66% of victims had a current depressed mood and 51% had a current mental health problem.
- One out of every four suicide victims had a history of attempts.
- Over one third of all victims had alcohol present in their system at the time of death.

This report may be obtained by emailing brianna.kopp@wisconsin.gov.

WISCONSIN VIOLENT DEATH REPORTING SYSTEM

The Wisconsin Violent Death Reporting System is supported by a cooperative agreement (U17/CCU523099) from the Centers for Disease Control and Prevention (CDC) and through support from the Wisconsin Department of Health Services. This document is solely the responsibility of the authors and does not necessarily represent the official views of the CDC.

Upcoming issues

2007 suicide data

We will provide more information on the potential causes of the increase in suicides in 2007, along with populations affected.

Veteran suicide project

We are currently exploring a research project that would provide additional information on veteran suicides. As this project unfolds, we will provide briefings in future Updates.

Relationships between homicide suspects and victims

Understanding relationships between homicide suspects and their victims is critical to directing prevention efforts.

Education level

Understanding how educational attainment affects both victims and suspects of violent deaths may be a critical component in developing prevention programming.

METHODOLOGY

What is considered a violent death?

Violent death includes homicide, suicide, unintentional firearm death, death from legal intervention, death related to terrorism, and death from undetermined manner or intent.

How are deaths included in the WVDRS?

A violent death case is initiated through a death certificate. The WVDRS abstraction team enters this case into the system and collects information from additional sources, including the coroner/medical examiner report, police report, and crime lab, among others. The abstraction team attempts to get as much information as possible for each incident. Since this information comes from multiple sources, the total number of deaths may vary slightly from the number of deaths reported by vital statistics.

Technical notes

Rates based on numbers of 20 or less are considered unstable due to random chance factors and should be interpreted with caution.

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- Medical Examiners and Coroners
- Local Law Enforcement Agencies
- Office of Vital Records, Wisconsin Department of Health Services
- Wisconsin State Crime Laboratory
- Wisconsin Department of Justice and Office of Justice Assistance

WISCONSIN VIOLENT DEATH REPORTING SYSTEM

CONTACT:

Brianna Kopp, MPH

Injury Surveillance Coordinator

EMAIL: brianna.kopp@wisconsin.gov

TEL: 608.267.6716